

# State Opioid Response (SOR) Grant Initiatives



## Effective Substance Use Disorder Programs for U.S. Military Veterans and their Families

### Introduction

The State Opioid Response (SOR) grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide resources to states and territories to address the opioid overdose crisis by supporting the continuum of prevention, treatment, and recovery support services for opioid use disorder (OUD). The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The grant program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.

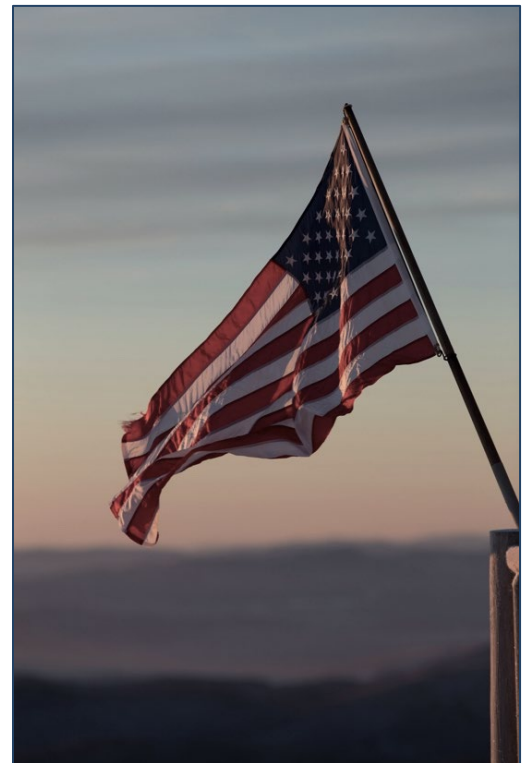
This document describes effective substance use disorder (SUD) programs for U.S. military veterans and their families that states have implemented with SOR funding.

### Purpose and Background

This brief highlights the unique SUD and related health needs of military veterans and their families, offers core elements of effective treatment and recovery services, and provides examples of effective programs implemented by states with SOR funding to serve this population. It aims to help states, local agencies, and providers understand and implement effective and appropriate OUD and stimulant use disorder (StUD) programs across the continuum of care for veterans and their family members.

#### ***SUD Prevalence Among U.S. Military Veterans***

Veterans and their families have made important commitments, contributions, and sacrifices in serving the nation. Their service experience places



many veterans at high-risk for substance misuse and SUD at some point in their lives. To effectively support those who have answered the call of military service, it is crucial to provide evidence-based, appropriate, and responsive care that is easily accessible to former service members and their families.

Today, there are more than 18 million living veterans in the United States, making up about 6% of the country's population. Each year, approximately 200,000 service members transition to civilian life.<sup>1</sup> In 2023, men represented 89% of the veteran population, and women represented only 11%.<sup>2</sup> In 2022, there were approximately 14.3 million veteran households in the United States, which includes single veterans, veterans married to veterans, and veterans married to nonveterans.<sup>3</sup>



According to the 2023 National Survey on Drug Use and Health (NSDUH), veterans were just as likely to use illicit drugs as non-veterans, with 4 million veterans reporting illicit drug use in the past year and 632,000 veterans reporting opioid misuse in the past year. While 2.8 million veterans identified as having a SUD in the past year, only 24,000 (1.1%) sought treatment. An additional 69,000 veterans thought they should get treatment but did not seek it, but nearly all veterans with a SUD who did not receive SUD treatment didn't believe treatment was needed.<sup>4</sup>

Literature shows that about half of all veterans aged 18 to 25 had an SUD or any mental illness, with 1 million (5.3%) of veterans having co-occurring disorders. Veterans with a SUD had higher rates of serious suicidal thoughts in the past year than veterans who did not have a SUD. Literature has also found that substance use often co-occurs with suicidal thoughts and behaviors and is a well-established risk factor for suicide attempts and death by suicide.<sup>5</sup> Research has shown that alcohol was present in 22% of deaths by suicide, opiates in 20%, cocaine in 4.6%, and amphetamines in 3.4%. One study of military personnel found that about 30% of completed suicides were preceded by alcohol or drug use.<sup>6</sup>

### ***Unique Factors Affecting Veterans and their Families***

Military culture can contribute to both risk and protective factors related to substance use. Military culture instills collective values that involve loyalty, duty, respect, selfless service, honor, integrity, and personal courage. Veterans may be more likely to strive to solve substance use and mental health issues on their own and view seeking professional treatment as a sign of weakness. Both public stigma and self-stigma can be barriers to care among military personnel.

Veterans may have experienced significant trauma during deployment, including exposure to blasts from explosive devices and artillery, dangerous environmental conditions, and hand-to-hand combat, potentially sustaining serious injuries or witnessing death or injury of other service members, combatants, or civilians. Symptoms associated with deployment experience include posttraumatic stress, helplessness, insomnia, shame, and survivor's guilt, which can all contribute to substance use problems and carry into a veteran's civilian life.

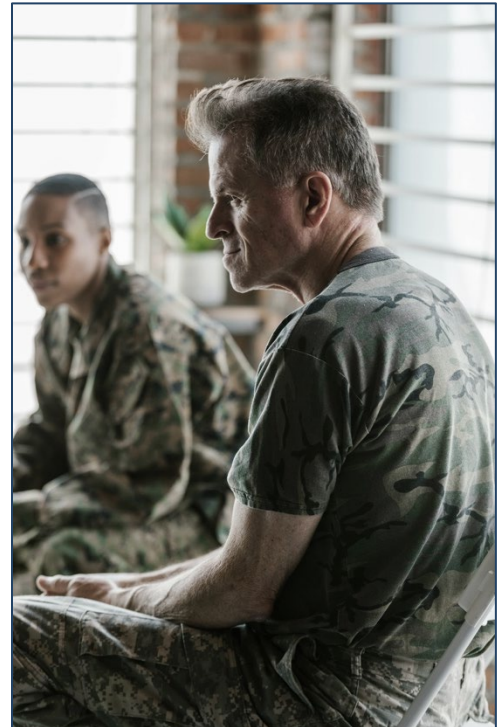


On the other hand, positive aspects of military culture can serve as protective factors and help facilitate a veteran getting help when needed. The strong bonds among the military community can foster trust and places value on protecting one's fellow veterans.

Former service members can experience unique challenges when reintegrating back into civilian life. Behaviors essential to surviving in a combat zone, like maintaining a constant state of vigilance, can manifest in civilian life as acute anxiety and stress. Veterans may feel the need to protect their friends and family by not talking about their substance use or mental health issues and feel pressure to quickly reintegrate into civilian life. Veterans who have experienced physical injury or other trauma may use substances to alleviate both physical and psychological pain. After deployment, veterans must adjust to a new routine and process their experiences while deployed. They can experience a variety of stress reactions, like sleeplessness, nightmares, and feelings of sadness, abandonment of mission and fellow soldiers, or hopelessness.

They may struggle to concentrate, engage in aggressive behavior, and use substances excessively. The intensity and duration of these behaviors can indicate the need for professional treatment.<sup>7</sup>

A veteran's post-traumatic stress disorder (PTSD) symptoms can impact their whole family. If family members are not aware that a loved one's feelings or behaviors stem from their PTSD symptoms, they may feel frustrated and that the family is not functioning well. Family members may feel helpless when their loved one is down or emotionally absent and may feel unable to talk about their trauma so as not to relive it. Additionally, loved ones may feel a caregiver burden and take on extra tasks to take care of a person with PTSD, which can lead to added stress, frustration, or fatigue. Family members may even change their behavior (e.g., taking on additional routine activities so the veteran can avoid people), to be supportive but may maintain their loved one's PTSD symptoms such as avoidance.<sup>8</sup>



Children of veterans experience unique challenges related to military life and culture, including deployment-related stresses like parental separation and family reunification, disruption of relationships with friends and neighbors due to frequent relocation, and adaptation to new schools and community resources. PTSD symptoms can affect the child-parent relationship. Children may be worried, lonely, and angry as a result of their parents' PTSD symptoms. Research has shown that although most military children are resilient with positive outcomes, some groups are more at risk for negative health outcomes, including children whose parents have had multiple deployments, children who do not live close to military communities, and children with preexisting health and mental health problems.<sup>9</sup>

The impact of relationship problems on family members is often the reason someone with PTSD seeks treatment. Family members can offer valuable support for a loved one with PTSD by encouraging help seeking, developing a crisis plan together, planning enjoyable activities at the family member's pace, helping with practical tasks, being a good listener, and sharing their own feelings.<sup>Error! Bookmark not defined.</sup> Veterans and their families can experience challenges in accessing substance use services. While the U.S. Department of Veterans Affairs (VA) offers a range of health care coverage and SUD



treatment options, many veterans are not connected with a local VA Medical Center, and rural

veterans may not have a qualified provider in the area. Where care is available, there can be long wait times for services, and some veterans may fear seeking services due to confidentiality and stigma concerns. Additionally, female veterans may feel uncomfortable seeking SUD treatment within the VA, as SUD treatments are often provided in groups made up of primarily male veterans. Female veterans may not want to discuss traumatic experiences or their SUD in treatment settings with men.

## State Programs Serving Veterans with Substance Use Disorders

This section will highlight several core elements of effective SUD treatment and recovery programs for veterans and their families and provide examples of how states have utilized these strategies to help veterans reach and sustain recovery.

Effective treatment and recovery programs for veterans should provide evidence-based therapies and medication for opioid use disorders (MOUD) when clinically indicated. Substance use programs for veterans should provide integrated, patient-centered care to help individuals meet their current needs. Providers and clinical staff that serve veterans require training related to military culture to ensure competent care that reflects the unique circumstances of being a military veteran. Employing veteran Peer Recovery Specialists or other staff can help facilitate help-seeking among veterans, addressing the stigma associated with seeking SUD treatment.

### Core Element: Provide Individualized SUD Services, Medical Care & Wraparound Supports

SUD treatment for veterans should be holistic and integrated, supporting individuals in meeting all of their unique needs. Veterans should be connected to the appropriate level of SUD treatment, programs should provide or connect veterans with medical care and wraparound supports, like primary care, dental care, housing services, employment support, and case management. Very rarely does a veteran only have an SUD. To effectively serve veterans, they must have the opportunity to take ownership of their

needs and goals and receive individualized services and supports to promote recovery and improve overall well-being.

### **State Example: The Maine Veterans Treatment Court**

The Maine Veterans Treatment Court is a specialty docket for military veterans whose involvement with the criminal justice system is connected to a serious SUD or mental disorder. The Veterans Treatment Court offers criminogenic SUD case management services as an alternative to incarceration. The initiative began in 2011 in recognition of the complex needs of veterans whose SUD has contributed to criminal conduct. The court works closely to reduce criminal recidivism, enhance individual accountability, and support participants in acquiring the personal, familial, and societal skills needed to reintegrate into the community.

The program prioritizes rehabilitation, offering a comprehensive range of services to provide holistic support. Available services include case management, therapy, peer recovery support, MOUD, and incentives for compliance. By targeting the underlying relationship between SUD and criminal behavior, the program promotes sustainable change. The program fosters collaboration among essential stakeholders, including law enforcement, the District Attorney, probation offices, treatment providers, and community organizations. This integrated network helps ensure that participants receive comprehensive support throughout their recovery. Participants report notable enhancements in well-being, including increased sobriety, employment, and positive family relationships.

## Core Element: Ensure Access to Behavioral and Pharmacotherapy

Another key aspect of providing effective SUD treatment services is ensuring access to both behavioral therapy and pharmacotherapy. Studies show that best practices in addiction treatment should

include pharmacotherapy and evidence-based counseling services.<sup>10</sup> Medications can also help sustain recovery or prevent opioid overdose.

MOUD have been shown to increase retention in treatment, decrease illicit opiate use and other criminal activity among people with SUD, increase patients' ability to gain and maintain employment, and

improve birth outcomes among women with SUD who are pregnant. The Food and Drug Administration (FDA) has approved several medications to treat OUDs. These medications help relieve withdrawal symptoms and psychological cravings and are safe for long-term use, ranging from months to a lifetime.



## State Example: CrossRoads of Southern Nevada Veterans Program

CrossRoads of Southern Nevada, a community care provider, established Task Force RHINO (Resilience, Hope, Integrity, No-Quit, Opportunity) to serve veterans by offering long-term residential and outpatient care. The program utilizes the Seeking Safety Model for veterans with post-traumatic stress disorder (PTSD), SUD, and health disorders, which combines cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), and motivational interviewing.

In addition to evidence-based behavioral therapies, the program ensures that patients have access to MOUD and medications for alcohol use disorder (MAUD). Use of medications is determined by each patient's specific strengths, needs, and treatment goals. Buprenorphine and naltrexone products are available in-house by the clinic's medical team. CrossRoads collaborates with several community partners to ensure patients have access to methadone maintenance treatment. Starting a medication is

discussed among patients and providers, and numerous factors may influence which medication is most appropriate.

## **Core Element: Provide Training for Staff on Military Culture**

The ability to understand and appreciate military culture allows clinicians to appropriately develop treatment plans to help veterans reach their personal and career potential. Just like any individual receiving substance use services, veterans and their families should feel understood and respected and have their issues regularly identified and addressed effectively and safely. Training programs for healthcare professionals on military culture can include information on military organization and roles, the deployment cycle, the military family experience, PTSD, ethical considerations for working with veterans, addressing suicide risk, and military-specific stressors and resources.



## **State Example: Indiana STAR Behavioral Health Providers (SBHP)**

The Indiana Family and Social Services Administration (FSSA) Division of Mental Health and Addiction (DMHA) has partnered with Purdue University's Military Family Research Institute (MFRI) to implement trainings for addiction professionals through the STAR Behavioral Health Providers program. They provide trainings for licensed mental health and addiction professionals focused specifically on active duty and retired military culture and the unique circumstances, experiences, and trauma service members and their families may face. The training also provides information on addressing substance misuse and use disorders, including opioids and stimulants, among military personnel in Indiana. STAR Behavioral Health Providers also offers an accessible online directory for prospective clients to locate substance use treatment providers who have completed the training program.



## Core Element: Employ Veteran Peer Recovery Specialists to Help Combat the Effects of Stigma

Stigma remains a critical barrier for veterans seeking SUD treatment services. Additionally, military culture can contribute to veterans being more likely to strive to solve substance use or mental health issues on their own and view getting professional treatment as a sign of weakness. Veterans may also fear career consequences associated with a SUD diagnosis or service utilization. It is important for providers to understand these issues and approach them sensitively. An effective way to combat the effects of stigma on treatment utilization and recovery include employing veterans with lived SUD experience as Peer Recovery Support Specialists. Veteran Peer Recovery Specialists are trained and certified to help other veterans identify and achieve specific life and recovery goals, access and utilize available resources, and share their own experiences in dealing with substance use and mental health conditions.



### State Example: Minnesota Recovery Community Network – Veteran Peer Recovery

The Recovery Community Network (RCN) in Minnesota established a Peer Recovery Specialist position to assist veterans by providing mentorship and ongoing support for individuals dealing with a SUD, mental health issues, or are otherwise struggling to transition back to civilian life following military deployment. Peers are trained in connecting individuals with community resources to support each person's recovery. Additionally, RCN hosts recovery support groups specifically for veterans, providing clients with the connection and encouragement needed to sustain recovery, an opportunity to build an understanding support network, and the ability to learn from others' experiences in a non-judgmental space.

This final section briefly describes key learnings for states and providers implementing SUD services for veterans and their families, as well as considerations for state officials, policymakers, and other relevant veteran organizations.

1. Ensure coordination and collaboration among state and federal agencies and organizations serving the military and veterans, including the Department of Veteran's Affairs (VA), the Department of Defense (DOD), state veteran services departments, criminal justice entities, and prevention, treatment, and recovery service providers. Work collaboratively to identify system gaps, avoid duplication of efforts, and increase service reach.
2. Offer treatment and recovery support services tailored to the needs of female veterans. Female veterans may feel uncomfortable discussing traumatic experiences in treatment settings with men. It is important for providers to remain conscious of women's particular needs. It has been shown that female veterans can benefit more from specialized SUD treatment, which has been shown to increase treatment utilization, attendance, and comfort.<sup>11</sup>
3. Provide veterans and their families with SUD individualized and holistic treatment services, ensuring access to both behavioral therapies and medications for SUD. Ensure veterans are able to access services across the continuum of care, including prevention and intervention services, withdrawal management, residential treatment, outpatient services, recovery support services, MOUD and overdose reversal medications. Additionally, provide veterans with resources or referrals to other needed social services and supports.
4. Ensure the substance use workforce is educated on the unique issues and challenges experienced by veterans and their families. Additionally, employing veterans with lived experience as Peer Recovery Specialists can be incredibly useful in engaging with veterans who may not otherwise feel comfortable seeking SUD services.

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**About the Opioid Response Network (ORN):** The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations, and individuals by providing the resources and technical assistance (TA) they need locally to address the opioid crisis and stimulant use. TA is available to support the evidence-based prevention, treatment, and recovery of OUD and StUD. To ask questions or submit a request for TA, visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)

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